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10/039253

FACSIMILE TRANSMITTAL
PERSONAL & CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION

ATTENTION: DELORA DILLARD

FROM: CLARA WALLIN

COMPANY:
USPTODATE:
April 12, 2002FAX NUMBER:
703-305-9822TOTAL NO. OF PAGES INCLUDING COVER:
3PHONE NUMBER:
703-308-0910SENDER'S REFERENCE NUMBER:
BSTZ Docket No. 42390P12280RE: NOTICE OF MISSING PARTS
Document

YOUR REFERENCE NUMBER:

NOTES/COMMENTS:

THANKS FOR YOUR HELP EARLIER!!!!!! MY DESK PHONE NUMBER IS
512-306-7634.....CLARA WALLIN

Clara

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1004.00)

Complete If Known

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Robert C. Glenn, et al.
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	42390P12280

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	02-2666
Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	740.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1) (\$)		740.00	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
30	-20** =		10	X 18.	= 180.
4	-3** =		1	X 84.	= .84.

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		264.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	248 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Telephone	Complete (if applicable)
Jeffrey S. Schubert		43,098	512-330-0844	
			Date	JAN 2 2002

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THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

42390P12280 - JFS/cw

Filing New Application
10 "extra" claims @ 18. ea. - 180.
1 additional independent claim @ 84. - 84.

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